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SECOND SIGHT MEDICAL PRODUCTS, INC.

PHONE 818-833-5069 FAX 818-833-5080

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TO:	FROM:
Mark Bockleman	Scott Dunbar
COMPANY:	DATE:
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FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
703-746-4868	20
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
RE:	YOUR REFERENCE NUMBER:
S105-USA Response	

☐ URGENT ☒ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

12744 SAN FERNANDO ROAD, BUILDING #3
SYLMAR, CA 91342

✓ Petition for Extension of Time - 3 mos.



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Post Office To Addressee

ORIGIN (POSTAL USE ONLY)				DELIVERY (POSTAL USE ONLY)			
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Date In Mo. Day Year		<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM		Postage		Mo. Day Time Employee Signature	
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Weight lbs. ozs.		Int'l Alpha Country Code		COD Fee Insurance Fee		<input type="checkbox"/> WAVES OF SIGNATURES (Certified Only) <small>(Additional wave-and-a-half inch wide x one inch high stamp required) Waiver of signature is required if item delivered to business without returning address or if addressed only to general department or delivery employee. Items may also be held by carrier's station for addressee. Mail delivery becomes a contract upon acceptance of delivery.</small>	
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday		Acceptance Clerk Initials		Total Postage & Fees \$			
CUSTOMER USE ONLY METHOD OF PAYMENT: Express Mail Corporate Acct. No. X913023							
FROM: (PLEASE PRINT) _____ PHONE: (_____) _____ SECOND SIGHT 12744 SAN FERNANDO RD BLDG 3 SYLMAR CA 91342-3728 SIOS-usa				TO: (PLEASE PRINT) _____ PHONE: (_____) _____ <i>mail Stop: Non-Fee Amendment</i> <i>Commissioner for Patents</i> <i>P.O. Box 1450</i> <i>Alexandria, VA 22313-1450</i>			